

**PERSONAL FINANCIAL DISCLOSURE****"TIER 2"****LSA-R.S. 42:1124.2**☒ ORIGINAL REPORT☐ AMENDED REPORTThis Report Covers Calendar Year 2008Office Held or Position Sought Senator

Date of Election \_\_\_\_\_ Date of Qualifying \_\_\_\_\_

Full Name of Filer: William CassidyFull Name of Spouse: Laura CassidyMailing Address: 3115 Dalrymple Drive  
Street Apt. #  
Baton Rouge, LA 70802  
City State Zip CodeSpouse's Occupation: Retired

Spouse's Principal Business Address, if any:

N/A  
Street Suite #  
City State Zip Code☒ (A) I certify that I have filed my federal income tax return for the previous year.☒ (B) I certify that I have filed my state income tax return for the previous year.

or

☐ (A) I certify that I have filed for an extension of my federal income tax return for the previous year.☐ (B) I certify that I have filed for an extension of my state income tax return for the previous year.**CERTIFICATION OF ACCURACY**

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information and belief.

William M. Cassidy  
Signature of FilerSworn to and subscribed before me this 15<sup>TH</sup> day of MAY, 2009[Signature]  
Notary Public

Printed Name: \_\_\_\_\_

ID# \_\_\_\_\_

RALPH J. STEPHENSBAR ROLL NO. 12444STATE OF LOUISIANAPARISH OF EAST BATON ROUGEMy Commission is for Life

Commission Expires \_\_\_\_\_

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**SCHEDULE A**  
**EMPLOYMENT INFORMATION**

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

☒ Filer ☐ Spouse

☐ Full-time ☒ Part-time

Employer Name Louisiana State Senate

Job Title Senator

Employer Address P.O. Box 44305

Street Baton Rouge, LA 70804

Suite # \_\_\_\_\_

City State

Zip Code \_\_\_\_\_

Job Description Senator

☒ Filer ☐ Spouse

☒ Full-time ☐ Part-time

Employer Name LSUHSC - New Orleans

Job Title Physician

Employer Address 433 Bolivar Street

Street New Orleans, LA 70112

Suite # \_\_\_\_\_

City State

Zip Code \_\_\_\_\_

Job Description Physician

☐ Filer ☐ Spouse

☐ Full-time ☐ Part-time

Employer Name \_\_\_\_\_

Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Job Description \_\_\_\_\_

☐ Filer ☐ Spouse

☐ Full-time ☐ Part-time

Employer Name \_\_\_\_\_

Job Title \_\_\_\_\_

Employer Address \_\_\_\_\_

Street \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Job Description \_\_\_\_\_

N/A

**SCHEDULE B  
POSITIONS - BUSINESS**

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business.

**Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.**

☐ Filer ☐ Spouse ☐ Both

Amount of Interest \_\_\_\_\_ %

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Business Description \_\_\_\_\_

Nature of Association \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Amount of Interest \_\_\_\_\_ %

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Business Description \_\_\_\_\_

Nature of Association \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Amount of Interest \_\_\_\_\_ %

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Business Description \_\_\_\_\_

Nature of Association \_\_\_\_\_

SCHEDULE C  
POSITIONS - NONPROFIT

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

☒ Filer ☐ Spouse

Name of Organization Baton Rouge Community Clinic Nature of Association Board Member

Address 5414 Brittany

Street Baton Rouge, LA 70808 Suite #

City State Zip Code

Organization Description Virtual Clinic

☐ Filer ☒ Spouse

Name of Organization YMCA Nature of Association Board Member

Address 350 S. Foster

Street Baton Rouge, LA 70806 Suite #

City State Zip Code

Organization Description YMCA

☐ Filer ☒ Spouse

Name of Organization Connections Nature of Association Board Member

Address 5700 Florida Blvd.

Street Baton Rouge, LA 70806 Suite #

City State Zip Code

Organization Description YMCA Program

**SCHEDULE C**  
**POSITIONS - NONPROFIT**

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

☐ Filer ☒ Spouse

Name of Organization Desire Street Academy Nature of Association Board Member

Address 3852 E. Brookstown  
Street Suite #  
Baton Rouge, LA 70805  
City State Zip Code

Organization Description \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization \_\_\_\_\_ Nature of Association \_\_\_\_\_

Address \_\_\_\_\_  
Street Suite #  
City State Zip Code

Organization Description \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization \_\_\_\_\_ Nature of Association \_\_\_\_\_

Address \_\_\_\_\_  
Street Suite #  
City State Zip Code

Organization Description \_\_\_\_\_

SCHEDULE D  
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,  
AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

☒ Filer ☐ Spouse ☐ Business

Amount of Income \$ 39,682.00

Name of Business, if applicable

Name of Source of Income Louisiana State Senate

Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest

Address P.O. Box 44305

Street Suite #

Baton Rouge, LA 70804

City State Zip Code

☒ Filer ☐ Spouse ☐ Business

Amount of Income \$ 322,751.48

Name of Business, if applicable

Name of Source of Income LSUHSC

Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest

Address 433 Bolivar Street

Street Suite #

New Orleans, LA 70112-2223

City State Zip Code

☐ Filer ☐ Spouse ☐ Business

Amount of Income \$

Name of Business, if applicable

Name of Source of Income

Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest

Address

Street Suite #

City State Zip Code

**SCHEDULE E**  
**INCOME RECEIVED FROM EMPLOYMENT**

N/A

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse. **INCOME SHALL BE REPORTED BY CATEGORY.**  
**DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.**  
**INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

☐ Filer ☐ Spouse

Amount of Income: I II III IV

☐ Full-time ☐ Part-time

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of services rendered pursuant to the employment \_\_\_\_\_

☐ Filer ☐ Spouse

Amount of Income: I II III IV

☐ Full-time ☐ Part-time

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of services rendered pursuant to the employment \_\_\_\_\_

☐ Filer ☐ Spouse

Amount of Income: I II III IV

☐ Full-time ☐ Part-time

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of services rendered pursuant to the employment \_\_\_\_\_

**SCHEDULE F**

**INCOME FROM BUSINESS INTERESTS**

N/A

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

Aggregate Amount of Income received from the business interests listed on Schedule F: I II III IV

- ☐ Filer
- ☐ Spouse

Name of Business \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of services rendered for the business or a reason the income was received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Filer
- ☐ Spouse

Name of Business \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of services rendered for the business or a reason the income was received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Filer
- ☐ Spouse

Name of Business \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ Suite # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Description of services rendered for the business or a reason the income was received:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SCHEDULE G  
OTHER INCOME**

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in value ranges by category), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

☒ Filer  
☒ Spouse

Amount of Income: I II III **IV**

Description of Income Sale of Rental Property

Description of service rendered or the reason the income was received:

☐ Filer  
☐ Spouse

Amount of Income: I II III IV

Description of Income \_\_\_\_\_

Description of service rendered or the reason the income was received:

☐ Filer  
☐ Spouse

Amount of Income: I II III IV

Description of Income \_\_\_\_\_

Description of service rendered or the reason the income was received:

SCHEDULE H  
IMMOVABLE PROPERTY

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

☐ Filer ☐ Spouse ☒ Both

Value of Property: I II III **IV**

Location of property:

Country USA State Louisiana

Parish/County East Baton Rouge

Property Description Residence

☐ Filer ☐ Spouse ☒ Both

Value of Property: I II III **IV**

Location of property:

Country USA State Louisiana

Parish/County East Baton Rouge

Property Description Rent House

☐ Filer ☐ Spouse ☐ Both

Value of Property: I II III IV

Location of property:

Country \_\_\_\_\_ State \_\_\_\_\_

Parish/County \_\_\_\_\_

Property Description \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Value of Property: I II III IV

Location of property:

Country \_\_\_\_\_ State \_\_\_\_\_

Parish/County \_\_\_\_\_

Property Description \_\_\_\_\_

**SCHEDULE I**  
**INVESTMENT HOLDINGS**

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	Exxon Stock	100 Shares
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

### **SCHEDULE J TRANSACTIONS**

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	07/17/08	Sale - Rent House	I II III <b>IV</b>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both	05/29/08	Sale - Rent House	I II III <b>IV</b>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV

**SCHEDULE K  
LIABILITIES**

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

☐ Filer ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor \_\_\_\_\_

Address \_\_\_\_\_

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) \_\_\_\_\_

**SCHEDULE L**  
**OTHER OFFICES/POSITIONS**

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2.1 (Tier 2.1) and/or Section 1124.3 (Tier 3) of the Code of Governmental Ethics.

**NAME OF POSITION OR OFFICE HELD:**

